AMENI	DEB	ı	Registration District No.	116	Primary Regi	stration Dis	trict No. 54	3 <i>3</i> Registrar's N	. 50		STATE FILE NU	JMBER	
Ameiri	OLD .	_  :	1. PLACE OF DEATH	18 5 196 <b>2</b>				V a signas presid	FURE OUL		1 10 1 11 11	P 11	
				RANKLIN				a. STATE MO			d. If institution:		
AMENDED			OR .	corporate limits, give	TOWNSHIP only	/) Le	c. CITY OR TOWN	UNION			Inside Limits		
<b>≨</b>	11	Ι.	· ·	JNION			1	Η		(f	1 1 1 2 2	Yes No [	
DATE,			HOSPITAL OR INSTITUTION	If NOT in hospital, g  AT HOME			Inside Limits Yes   No	d. STREET ADDRESS	R.R.	it cutside, g	ive location)	Yes Of No [	
<del>[-    -</del>		1	3. NAME OF DECEASI	D First		Mide	die	Last	4. DATE	Mon:	ith Day	Year	
			(Type or print)	ELI	JAH	J.		WEBB	OF DEATH	FEB.	25,	1962	
			5. SEX MALE	6. COLOR OR R	1 1411-1	arried 💢 lowed 🗋	Never Married [] Divorced [	APR.14.		t birthday)	Months Pays	Hours M	
		1	10a. USUAL OCCUPATIO	N (Give kind of war	rk done 10b. KII	ND OF BUS	INESS OR INDUSTR	Y 11. BIRTHPLACE	(City and state	or country)	12. CITIZEN OF	WHAT COUNTR	
		.	during most of wor	king life, even if reti	ired)	CARPE	N TER			10.	U.S.A.		
	}	1	UNKNOWN			130		•	l _	<b></b>	·	•	
!		1.	15. WAS DECEASED EV	ER IN II S ARMED E	ORCES?	16. SOCI	MARTHA AL SECURITY NO.	17. INFORMANT	<del>!</del>	JEONA A	WEDD	<u> </u>	
		1	(Yes, no No unknown)				,		TOTAL LITT			***	
		. [ ⋅					<u> </u>	MRS. I	EONA WE	BB F		NION M	
111	1 15	Z	10. 41.002 41.001								I IN	HEKVAL BEIWE	
1 1	[6	١	PART	TH (Enter only one ca I. DEATH WAS CAU								NEET AND DEA	
DOF	OCI IMAEN	COMEN	PART	I. DEATH WAS CAU		200	ney T.	hamlo					
INSTEAD OF	DOC IME	DOCOMEN	Condi which above stating	inmediate C	UE TO (b)	ero.	ney to	hamla Techi		line			
EAD			Condi which above steting lying	immediate C.  tions, if any, gave rise to cause (a), the under- cause last.  D.  II. OTHER SIGNIFIC	EAUSE (a)	ONS CONTR	alle	tich.	a) c	PART II	ii. If decessed		
EAD	POCIME		Condi which above steting lying	immediate C.  tions, if any, gave rise to cause (a), the under- cause last.  D.  II. OTHER SIGNIFIC	UE TO (b)	ONS CONTR	alle	tich.	a) c		ii. If decessed	Was female incy in last 90 c	
EAD EAD	I WILLIAM		Condi which above steling lying PART	immediate C.  tions, if any, gave rise to cause (a), the under- cause last.  D.  II. OTHER SIGNIFIC	UE TO (b)  OUE TO (c)  CANT CONDITION OF GIVEN IN PART I	ONS CONTR	RIBUTING TO DEAT	tich.	to the terminal	PART II	II. If deceased there a pregna	was female ney in last 90 c	
EAD	I I I I I		Condi which above steting lying PART  19. WAS AUTOPSY PERFORMED? YES   NO 22.  20c. TIME OF Ho	tions, if any, gave rise to cause (a), the under-cause last. D  11. OTHER SIGNIFIC disease condition  20a. ACCIDENT	CAUSE (a)  UE TO (b)  CANT CONDITION IN GIVEN IN PART I	INS CONTR	RIBUTING TO DEAT	H but not related	to the terminal	PART II	II. If deceased there a pregna	was female ney in last 90 c	
EAD	SWILLOOD.		Condi which above steting lying PART  19. WAS AUTOPSY PERFORMED? YES \( \text{NO} \) NO \( \text{D} \)	itions, if any, gave rise to cause (a), the under-cause last.  II. OTHER SIGNIFIE disease condition  20a. ACCIDENT  When the month of the cause last.	CAUSE (a)  UE TO (b)  CANT CONDITION IN GIVEN IN PART I	INS CONTR	RIBUTING TO DEAT	H but not related	to the terminal	PART II	II. If deceased there a pregna	was female ney in last 90 c	
INSTEAD	EWI DOG		Condi which above steting lying PART  19. WAS AUTOPSY PERFORMED? YES   NO 22.  20c. TIME OF Ho	immediate C  tions, if any, gave rise to cause (a), the under- cause last.  D  TI. OTHER SIGNIFIE disease condition  20a. ACCIDENT  When the cause is a condition  20a. ACCIDENT  D  REED 20a.	CAUSE (a)  UE TO (b)  CANT CONDITION IN GIVEN IN PART I	AICIDE	20b. DESCRIBE HO	H but not related	to the terminal	PART II	II. If deceased there a pregna	was female ney in last 90 c	
INSTEAD	L S C C C C		Condi which above stating lying PART  19. WAS AUTOPSY PERFORMED? YES NO Z.  20c. TIME OF Ho INJURY a.r	immediate C  tions, if any, gave rise to cause (a), ga	CAUSE (a)  UE TO (b)  OUE TO (c)  CANT CONDITION IN GIVEN IN PART I	AICIDE	20b. DESCRIBE HO	TH but not related W INJURY OCCURR 20f. CITY, TOWN, 6	to the terminal	PART I	II. If deceased there a pregna Yes PART I or PART II	was female ency in last 90 c	
READ INSTEAD	LEWI LOCA		Condi which above stating lying PART  19. WAS AUTOPSY PERFORMED? YES NO 22  20c. TIME OF Ho and INJURY BAT WOUND WHILE AT WOUND NOT WHILE AT	itions, if any, gave rise to cause (a), gave rise to cause (a), gave rise to cause (a).  II. OTHER SIGNIFIE disease condition  20a. ACCIDENT  WORK DATE OF THE CONTROL OF T	CAUSE (a)  UE TO (b)  DUE TO (c)  CANT CONDITION  Given in PART I  SUICIDE HOM  Year  PLACE OF INJU  farm, factory, st	AICIDE	20b. DESCRIBE HO	TH but not related W INJURY OCCURR 20f. CITY, TOWN, 6	to the terminal  ED, (Enter nature  OR LOCATION  and last sew her him	of injury in	ii. If deceased there a pregna PART I or PART II	was female may in last 90 on No. Unknown 18.)	
READ INSTEAD	30		Condi which above stating lying PART  19. WAS AUTOPSY PERFORMED? YES NO CONTINUE OF INJURY BARRIED AND WHILE AT WHILE AT WHILE AT A STATE OF THE PART	itions, if any, gave rise to cause (a), gave rise to cause (a), gave rise to cause (a).  II. OTHER SIGNIFIE disease condition  20a. ACCIDENT  WORK DATE OF THE CONTROL OF T	CAUSE (a)  UE TO (b)  DUE TO (c)  CANT CONDITION  Given in PART I  SUICIDE HOM  Year  PLACE OF INJU  farm, factory, st	ONS CONTR	20b. DESCRIBE HO	TH but not related W INJURY OCCURR 20f. CITY, TOWN, 6	to the terminal  ED, (Enter nature  OR LOCATION  and last sew her him	of injury in	ii. If deceased there a pregna PART I or PART II	was female may in last 90 on No. Unknown 18.)	
EAD	30		TO Condition which above stating lying PART  19. WAS AUTOPSY PERFORMED? YES NO PART  20c. TIME OF Ho INJURY A. I. I. I. ATTENDED WHILE AT WO NOT WHILE AT PART OF THE PART OF	tions, if any, gave rise to cause (a), gave rise to cause (a), gave rise to cause (a), gave rise to cause (ast.)  11. OTHER SIGNIFIC disease condition  20a. ACCIDENT  WORK 200.  REED 20e.  REED 20e.	CAUSE (a)  UE TO (b)  DUE TO (c)  CANT CONDITION  OF A CONDITION  SUICIDE HOW  Year  OF PLACE OF INJUIT  form, factory, st	AICIDE  JRY (e.g., intreet, office	20b. DESCRIBE HO	W INJURY OCCURR  20f. CITY, TOWN, of the date stated above	to the terminal  ED, (Enter nature  OR LOCATION  and last sew her him	of injury in	II. If deceased there a pregna PART I or PART II	was female ney in last 90 c	
NO. SHOULD READ INSTEAD	30		Condi which above stating lying PART  19. WAS AUTOPSY PERFORMED? YES NO 2  20c. TIME OF HO INJURY AT WHILE AT WO NOT WO NOT WHILE AT WO NOT WHILE AT WO NOT WHILE AT WO NOT WO NOT WO NOT WHILE AT WO NOT WO NOT WO NOT WO NOT WO NOT WO NOT WO WO NOT WO NOT WHILE AT WO NOT WO WO NOT WO NOT WO WO NOT WO NOT WO WO NOT WO WN	tions, if any, gave rise to cause (a), gave rise to cause (a), gave rise to cause (a).  II. OTHER SIGNIFIE disease condition  20a. ACCIDENT  WORK ACCIDENT  WORK ACCIDENT  1. WORK ACCIDENT  1. WORK ACCIDENT  TOWN WORK ACCIDENT  1. WORK ACCIDENT  1	CAUSE (a)  UE TO (b)  DUE TO (c)  CANT CONDITION  OF A CONDITION  SUICIDE HOW  Year  OF PLACE OF INJUIT  form, factory, st	AICIDE DRY (e.g., introd)	20b. DESCRIBE HO  20b. DESCRIBE HO  n or about home, bldg., etc.)  n on the	W INJURY OCCURR  20f. CITY, TOWN, of the date stated above  22b. ADDRESS  EMATORY  EM. GARD	to the terminal  ED. (Enter nature  OR LOCATION  and last saw her him, and to the bast  23d. LOCATION	of injury in  alive on of my know	II. If deceased there a pregna PART I or PART III	was female ney in last 90 or last	
SHOULD READ INSTEAD	A SEID A VIT OF		Condi which above stating lying PART  19. WAS AUTOPSY PERFORMED? YES NO 12  20c. TIME OF Ho ar p.r.  20d. INJURY OCCUP WHILE AT WO NOT WHILE AT CONTROL OF THE CONTROL OF T	itions, if any, gave rise to cause (a), gave rise to cause (a), gave rise to cause (a).  II. OTHER SIGNIFIE disease condition  20a. ACCIDENT  WORK ACCIDENT  WORK ACCIDENT  1. WORK ACCIDENT  2. WORK ACCIDENT  3. WORK ACCIDENT  2. WORK ACCIDENT  3. WORK ACCIDENT  4. WORK ACCIDENT  2. WORK ACCIDENT  3. WORK ACCIDENT  4. WORK ACCIDENT  2. WORK ACCIDENT  3. WORK ACCIDENT  4.	CAUSE (a)  UE TO (b)  DUE TO (c)  CANT CONDITION IN GIVEN IN PART I  SUICIDE HON  Year  (Degree of All  ADDRESS	AICIDE DRY (e.g., introd)	20b. DESCRIBE HO  n or about home, bldg., etc.)  m on the CEMETERY OR CRE	TH but not related W INJURY OCCURR 20f. CITY, TOWN, of the date stated above 22b. ADDRESS	TO the terminal  ED. (Enter nature  OR LOCATION  and last saw her him, and to the best  23d. LOCATION	of injury in  alive on of my know	II. If deceased there a pregna PART I or PART III	was female ncy in last 90  N: Unk  of item 18.)	

"H.15, 1794 57 1. T

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## STATEMENT BY LICENSED EMBALMER

	I her	eby	certity	that	the	body	whose	name	is	recorded	on	the	reverse	side	of	this	cert	iticate	was	embalmed	by	me,
or by_										<u></u>				<u></u>	,	Stud	ent	Emba	lmer	No		
workin	g und	erп	ny pers	lano	supe	rvisio	n.						$\Omega$		_	,	7					
Studen	t									. Si	igne	d	Oa	get	<u>Ľ</u>	U	<u> 2</u>	tin	KN	w.		
			Şigna	iture o	f Stud	ent Em	palmer						` /							_	r	
														L	ice	nsed	Emb	almer	No.	4801		

Janes 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.